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MALTINE "*contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats, or malted Barley.*"

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Our experience of many years as Manufacturing Pharmacists has brought us in daily contact with those engaged in prescribing, and has afforded us advantages for study, experiment and practical development, which have engaged our most critical attention in perfecting new and more efficacious agents for physicians' use in the control and subjection of disease, and we assure the Medical Profession that in no instance shall we attempt to arrest their attention except we have some production worthy of their highest consideration.

Before we began the manufacture of MALTINE, we analyzed the various Extracts of Malt manufactured in this country and Europe. We found that many of them had a burnt taste and smell, and a dark appearance, and were deficient in many essential elements that they should contain, owing to the excessive heat employed. Most of these preparations had probably been evaporated, or the grain mashed, at a temperature of 212° Fahr., and consequently the Albuminoids and Diastase were almost entirely destroyed, and the other nutritive properties much impaired. This cannot be otherwise when the German formula is followed, for it directs that the extract shall be heated to 212° Fahr. (*see formula for Malt Extract, German Pharmacopœia, fol.* 124). This led us to a series of experiments to ascertain whether a preparation could not be produced that would contain the nutritive properties of the grain unimpaired. Further research developed the fact that malted Barley was deficient in most of the essential elements of nutrition, with the exception of mineral matters, or bone producers. These experiments led us to the production of an extract from malted Barley, Wheat and Oats, which we call MALTINE for brevity, and which contains all the elements of nutrition in the proportions required by the human organism, unimpaired by heat; our evaporation being conducted *in vacuo* at 110° Fahr.

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First: That Wheat and Oats are much richer in alimentary principles than Barley, and that it is only in a combination of these cereals, in the proper proportions, that a perfect preparation can be produced.

Second: That our process for extracting the nutritive elements unimpaired is far superior to the German.

Third: That MALTINE possesses three times the nutritive and therapeutical value of any Extract of Malt in the market.

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From our experience during the past fifteen years in closely watching the success of old and new remedies among the Medical Profession, we feel the utmost confidence in claiming that MALTINE and its compounds can be used with more positive results than any preparation now known, in cases of Dyspepsia attended with general Debility, Imperfect Nutrition and Deficient Lactation; Affections of the lungs and throat, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes, and Difficult Expectoration; Cholera Infantum and wasting diseases of Children and Adults; Convalescence from Fevers, general and nervous Debility, and whenever it is necessary to increase the vital forces and build up the system.

MALTINE, and all productions of our house, are kept strictly and invariably in the hands of the Medical Profession.

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McKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills,** and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

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QUININE BI-SULPH.,	“	**10**	“	“
Quinine, Muriate.	“	24	“	“
Quinine, Bromide,	“	50	“	“
Quinine, Hypophos.,	“	60	“	“
Quinine, Valerianate,	“	110	“	“
Quinine, Tannate,	“	500	“	“

The above table demonstrates the greater solubility of the Bi-Sulphate, a very important point, especially when administered in the form of pills or powders; and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

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Original Communications.

ADDISON'S DISEASE.*

BY THOS. F. ROCHESTER, M. D.,

Professor of Principles and Practice of Medicine, University of Buffalo.

SO-CALLED after the eminent English physician, attached to Guy's Hospital, who first recognized and described it in 1849, and subsequently in 1854 published a treatise upon the same, was regarded by him as a distinct, and so to speak, sui generis disorder. This opinion has often been questioned, but is generally endorsed by the medical profession. It may not be out of place to quote the description as originally enunciated by the author.

"The patient gradually becomes languid, weak and indisposed either to bodily or mental exertion, appetite impaired or entirely lost. The white of the eyes becomes pearly, the pulse small and feeble or perhaps small and compressible, the body wastes without presenting the dry shrivelled skin and extreme emaciation usually attendant upon protracted malignant disease; slight pain and uneasiness is from time to time referred to the region of the stomach, and there is occasional actual vomiting, which in one instance was both urgent and distressing, and it is by no means uncommon for the patient to manifest symptoms of disturbed cerebral circulation. Notwithstanding these unequivocal signs of feeble circulation, anæmia and general prostration, neither the most diligent inquiry, nor the most careful physical examination, tends to throw the slightest gleam of light upon the precise nature of the patient's malady, nor do we succeed in fixing upon any special lesion as the cause of this gradual and extraordinary change. With more or less of these symptoms we discover most remarkable, and as far as I know, characteristic discoloration taking place in the skin, sufficiently marked, indeed, to have attracted the attention of the patient himself or the patient's friends. The discoloration pervades the whole surface of the body, but is commonly most strongly manifested on the face, neck, superior extremities, penis and scrotum, and in the flexures of the axilla and around the navel. It may be said to present a smoky or dingy appearance or various shades of deep amber or chestnut brown; and in one instance the skin was so universally and so deeply darkened, that but for the features the patient might have been mistaken for a mulatto. If I see a patient who presents this peculiar discoloration of the skin, and with this a certain train and combination of symptoms, a pearly eye, a feeble pulse, a disposition to strongly-marked anæmia and a few other symptoms less constant, I say this is a case in which you will find disorganization of the supra-renal capsules."

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* Read before the Buffalo Medical Association, July 1880.

The above is taken from the essay of Sam'l Wilks in "Reynold's System of Medicine," but no mention is made of Addison's idea of the exact pathological changes in the capsules, except further on where reference is made to the relative correspondence to the coloration and the capsular degeneration. Wilks describes the structural changes as follows: first, great enlargement deposition of a lardaceous or anyloid material, softening of this, with prominent yellow masses of various sizes surrounded by a translucent semi-fluid albuminous substance, sometimes purulents depots—finally complete yellow granular degeneration and sometimes entire absence of one or both capsules, they and their contents having been destroyed by destructive metamorphosis. These are not his words but a condensation of his description—substantially it corresponds with that of most other writers—who like Addison and Wilks, (the pupil of the former), consider it a specific disease. Some attributing it to tubercle, some to inflammation, some to peculiar blood change induced by spinal or gastric nerve morbid processes, while others hold that the asthenia and some other symptoms are caused by the implication of the great sympathetic nerve by the mechanical pressure of the enlarged supra-renal gland. In short, all confess ignorance as to exact pathology and etiology, and admit the futility of treatment. The speaker is not so presumptuous as to claim that he can throw any more light upon this *dark* subject than his predecessors have done. His object in presenting it this evening being simply to narrate three cases which have come under his observation within a few months, and in two of which there have been much more serious pathological lesions elsewhere than in the supra-renal capsules. Although very characteristic as seen there, but going to prove if they prove anything, that Martineau had reason in asserting "that the malady of Addison should not be considered as a pathological entity." In confirmation of this opinion, it is beyond question, that the general symptoms, including the coloration, have been observed where no disease of the supra-renal bodies was found on post-mortem examination, and on the contrary the disorder has been detected in the supra-renal capsules, when during life, there was no manifestation of signs or symptoms.

Without further remarks the cases will now be briefly presented.

Case First.—Was consulted in my office in November, 1879, by Mrs. O., of Geneseo, a widow, 48 years of age, who had ceased menstruating for more than a year. She thought she was suffering from dyspepsia and liver disorder; she was of medium size, complained of great debility, of breathlessnes, of loss of appetite, of palpitation of the heart, and of constant sounds and roaring in the ears, (anæmic?) but no deafness. Her color was notably dark (sunburned hue), and deeper than elsewhere on the brow, face, neck, hands, nipples, umbilical region and vulva. The sclerotic was clear and pearly, urine normal, uterus free from disease or displacement, pulse 80 and very feeble. The heart sounds were free from murmurs, but very weak. Respiratory sounds good. No spinal tenderness, but pain on percussion over the kidneys, and quite intense when the region was grasped from behind forwards and compressed between the fingers and thumb.

Diagnosis.—Addison's disease; ordered generous diet, passive exercise in the open air; a belladonna plaster over the renal region and prescribed Phosphoric acid ʒi, three times daily, with Quinine gr. i, and ext. nucis, vom. gr. s.

She came again in December, reporting herself stronger and better in every way; continued prescription with addition of ʒii of cod liver oil.

On January 19th, 1880, I received the following letter: "I would prefer not to come to Buffalo just now. For a month, or more, after commencing your treatment, I was entirely free from the constant and most disagreeable roaring in my head, the soreness and pain in the stomach nearly gone and strength and appetite much improved. I regret to say that the first two have returned with the addition of bad circulation, numbness in the body and arms after sleeping. * * * * I fear I have a chronic dyspepsia, which is often aggravated by my anxieties and other mental disturbances."

I did not see her again. In February was telegraphed to visit her, but could not leave home. She died the next day, having been ill six days with pneumonia.

For the post mortem appearances and brief account of her last sickness I am indebted to Dr. W. E. Lauderdale, Jr., of Geneseo: "The whole of the right lung and the lower lobe of the left lung were entirely hepatized; adhesions on right side numerous, some of long standing; heart, normal; stomach, the mucous membrane of the cardiac end was very much thickened, the whole organ was covered with thickened patches; intestines, normal; liver, very pale, size normal; spleen and uterus normal. Kidneys—A section of the left kidney, with the left supra-renal capsule, I sent you last week. The right supra-renal capsule was entirely wanting. Its space was filled with a very thin connective tissue." The fact that one of these bodies has been entirely wanting, is a conspicuous item in the literature of this disease. It is suggested by the speaker, that this may not be the case as often as supposed. The readiness with which it separates from the kidney, on the removal of that organ, and lies concealed in the adjacent fat, may cause it to be overlooked, as was done in case No. 3, until a search was instituted by my suggestion. You have now the capsule from Mrs. O. before you; you will observe that it is enlarged, and fatty, and presents in its centre a dark brown patch, nearly an inch square, composed of pigmentary tissue and granular bodies, such as Wilks describes as forming the last stage of the disease, and such as you will find abundantly shown in the other morbid specimens to be presented. The patient died of an intense pneumonia, which probably had no connection with the capsular disease, but in this, that its fatal issue was hastened by it, and affords an opportunity of seeing the Addisonian disease, at a less advanced stage than usual. It is fair to consider this latter as the foundation of the patient's ill health, but we must not be unmindful of the chronic gastritis and of the possible yellow atrophy of the liver, which was described by Dr. Lauderdale as very pale.

I am indebted to Drs. Fredericks and Macbeth, internes at the Buffalo General Hospital, for the two following reports, having also been present at the autopsy of the latter. I had seen

"Case 2d" three years ago, two or three times at my office, and had then diagnosed Albuminuria.

Case second—Christopher Davies, Englishman, aged 57, a gardener, entered the hospital March 17, 1880. He had been in the hospital several times for short periods during the last two years; had been addicted to excessive use of alcohol for the last twenty years. Although fat, he was feeble and anæmic, pulse slow, regular, large but very compressible; complained of Prurigo, scratching almost constantly; had harrassing cough with copious expectoration; appetite good, but unable to retain much food; urine scanty, high colored, about ten ounces per diem, half its bulk albumen (by tests) and full of hyaline, fatty and granular casts. Exhibited large bronzed spots upon back, chest, arms, legs, scrotum and penis. No signs pointing to Addison's disease had ever been noticed during previous sojourns in the hospital; was delirious at times but never had convulsions; April 14, at 9 A. M., began to show signs of exhaustion and died at 11.30 A. M.

Post-mortem examination 24 hours after death. Liver, normal in size, large bronzed spots on surface.

Spleen atrophied, weight 3½ ounces granular, also bronzed in spots on exterior; heart, hypertrophied, weight 20 ounces; atheroma around mouth of coronary arteries, and in the arch of the aorta.

Kidneys, capsules adherent, left weight ℥i, corticle portion thin, pyramids nearly destroyed, pelvis filled with shot-like calculi; right kidney, weight 2 ounces; other points similar to left.

Supra-renal capsules, left entirely destroyed; right, the accompanying specimen. (Reported by Dr. C. C. Fredericks).

The specimen is now shown, it is enlarged and filled entirely with the yellow granular bodies pathologically characteristic of the last stage of Addison's disease.

Case third.—Thos. Lock, aged 50, native of England, gardener, entered hospital May 7, 1880. Diagnosis, dyspepsia, jaundice, and hypochondriasis. Symptoms on entering, some tenderness over gall bladder; very tender over stomach, which always seems full; does not vomit; fugitive pains over various regions. Dr. Diehl directed tr. iodine over epigastric and hepatic regions, and tonics, pepsin, and ¼ gr. podophyllin at bedtime. He gradually improved until June 4th, when he had an attack of syncope, after which he was confined to bed. June 5th, Dr. Diehl discovered a tumor, supposed to be mesenteric. June 14th, died suddenly of syncope.

Post-mortem 4 P. M. same day. Stomach greatly distended; pylorus much thickened, with polypoid growth half an inch in diameter and nearly an inch long, springing from it, and extending into the stomach. Peritoneum, and under surface of diaphragm, studded thickly with cancerous or tubercular nodules, from size of a small shot to that of a pea.

Greater omentum, a thick mass also filled with these deposits. This was the tumor diagnosed by Dr. Diehl. Lungs entirely free from disease; supra renal capsules, both diseased. Left atrophied, both contained a dark brown substance. (Reported by Dr. C. A. McBeth).

These remarkable pathological specimens you now see, they are certainly rare and unusual, whether they are cancerous or tubercular has not been determined, but the writer thinks they are of the former character. The supra-renal capsules are almost identical in appearance with that of case second.

Case first was perhaps a good illustration of the Addisonian disorder, but it was not free from complication. The other two, certainly justify the assertion of Martineau already quoted, "that the malady of Addison should not be considered as a pathological entity."

Case No. 3 had no bronzed discoloration, but was cachectic in appearance, with hundreds of points of purpura hæmorrhages about the lower extremities, and yet the supra-renal changes were as marked as possible. Three instances are not enough to draw decided conclusions from, but many authorities are quoted by Flint and others tending to show that where Addison's disease does exist, it is usually complicated with serious disease of other organs, and that while the capsular disorder may be a factory in either a primary or secondary manner in producing a fatal issue, the question of individual pathological identity still remains open.

Clinical Reports.

URETHRAL CHANCROID, CICATRICIAL STRICTURE.

REPORTED BY HENRY P. COOKE, M. D., ASSISTANT SURGEON U. S. MARINE HOSPITAL SERVICE.

F., SEAMAN, aged 27 years, placed under treatment January 9, 1880, for chancroid of penis, and a discharge from the urethra. On examination a small lump was found in the urethra about 1¾ inches from the meatus, and it was believed that the discharge arose from a chancroid located at this point within the canal. January 24th, patient complained of symptoms of stricture of the urethra, which was found to be located in the seat of chancroid above described. The chancroid having healed, treatment for the stricture was instituted by the method of gradual dilatation, which was continued until a No. 6 sound could be passed. Beyond this point the use of sound produced no effect, and another chancroid appearing on the glans penis, treatment was suspended until it should have healed. From latter part of February to April 20th, patient was lost sight of. At the latter date he again appeared with chancroid still existing, having assumed the serpiginous type, and for this he was treated until June 27, when it finally healed. Examination now showed a tight stricture, through which it was impossible to introduce a No. 1 catheter. By the use of filiforn bougie, small silver probes, and finally catheter, dilatation was carried to the extent of admitting a No. 1 steel sound, and from this it was gradually extended until No. 3 could be introduced. Beyond this it was found impossible to proceed, and divulsion, with Thompson instrument, was attempted, patient being under influence of ether.

The instrument was turned until the index marked about No. 4, when with a sudden snap, it broke, the shoulder against which the point of the lever rests having been pried from its bed in the groove of the shaft. Subsequent to this two separate attempts were made with the same results, although the instrument was repaired very thoroughly after each accident. As the stricture was too tight to admit Maissoneuve's urethrotome, it was decided to attempt to incise it from within, with an ordinary tenotome; and to this end the patient was etherized, a grooved director introduced, and a long-bladed tenotome made to follow the groove until the stricture was reached. With the knife inserted up to the shoulder of the handle, the stricture could be touched with only a small part of the cutting edge, and with this it was nicked until a No. 4 sound could be passed. Maissoneuve's instrument was now introduced, and the blades separated until the index marked 40, when the knife of the instrument was drawn through the stricture, and the urethrotome removed. A No. 12 sound was immediately passed, and the treatment by dilatation commenced. The resistance of the stricture was shown by the fact that the lower blade of the urethrotome, a powerful instrument, was bent several lines out of position; and when the knife passed through the stricture the sound was that produced by cutting hard rubber cartilage.

HOSPITAL NOTES.

SLOUGHING AND DESTRUCTION OF THE ANUS AND RECTUM, WITH PROLAPSE OF THE RECTUM FOUR INCHES.—RELIEF BY OPERATION.

SERVICE OF DR. C. C. F. GAY, SURGEON TO THE BUFFALO GENERAL HOSPITAL.

CASE I. History.—Mrs. R., aged 33 years; wife of an irregular physician; American; married four years; previous health good.

At some indefinite period since marriage her rectum began to "come down," and continued to grow worse and worse, when a strong solution of persulphate of iron (?) was applied. She was made to believe that this application caused sloughing and ablation of the rectum, and consequently, inability to control the action of her bowels. The anal outlet is so large as readily to admit the closed hand. She says she was once operated upon at Detroit, without any relief. She denies ever having specific disease, and is evidently honest and endeavors to be truthful in her statements. Preparatory to operation, a weak solution of nitrate of silver was applied, and this treatment extended over several days, and the evening previous to operation castor oil was given, and to-day, March 22, 1876, in the presence of, and assisted by the staff of the hospital, an operation was made.

The patient, etherized, was placed upon the operating table in the position for lithotomy.

The rectum, which protruded four inches, was held up in position, out of the way, by a sponge probang. Using the knife and scissors, I denuded the parts extensively, being guided by cicatricial tissue. The denuded surfaces were brought in apposition and secured by silver sutures; two of which were very deep, requiring a needle four inches in length, fixed in a strong handle, to pass them. Five more sutures were used, three of which were deep, and the remaining two superficial. A rectal tube was introduced, through which flatus might escape without imperiling union, and a flexible catheter passed into the bladder. Wide bands of adhesive plaster were applied around the body over the glutial muscles.

March 24th. On yesterday she had a small dejection from the bowels, and much retching and vomiting. Hypodermic injections morph. gr. ¼ ordered every four hours; concentrated diet to keep bowels constipated; Sigmoid catheter tried in place of elastic one, but its presence could not be tolerated, and had to be removed. Elastic tubing is attached to the catheter, to convey urine into chamber beside the bed.

April 1st. Has erysipelas extending up over the buttocks and back. To-day removed the two deep sutures; two superficial ones removed two days since. Wound suppurating. Rectal tube remains in situ.

April 4th. Removed the remaining three sutures to-day. Wound is granulating; suppurating freely. Employed larger rectal tube. She has had no evacuation of bowels since the second day; tongue dry; pulse 100; temperature 101; some abdominal tenderness. Bishop's citrate magnesia ordered and administered. She takes quinine gr. ii three times daily, McMunn's elx. opii gtt. x three times daily, brandy, wine and beef-tea. Tr. iodine painted above the erysipelatous margin. External wound not cicatrizing.

Conclude that the ailment is of syphilitic origin; accordingly ordered protiod. mercury gr. ii twice daily, and iod. pot. grs. x three times daily. Bowels have been shut up seventeen days. Open to-day.

June 3d. Wound closed, patient up, bowel does not protrude. Notwithstanding the lateness in beginning the anti-syphilitic treatment, the wound closed and the operation proved successful, but could not be expected to restore the sphinctor. A rubber pad was adjusted to the anus, and held in position by straps. The patient left the hospital well; having gained much flesh during her residence in the institution.

Remarks.—This woman was either quite ignorant of the nature of her ailment, or willing to sacrifice herself by submission to repeated operations, to conceal her husband's crime. But it is no new thing for patients to stoutly deny having had syphilis, when they ought to know, and probably do know, that the knowledge of it is indispensibly necessary to the surgeon in his proper treatment of the case. The operation came near a failure in consequence of too great reliance upon statements made both by husband and wife. Union would not have been effected but for the timely administration of mercurials and iod. pot. Undoubtedly the Detroit operation failed because of concealment of the specific origin of the rectal lesion.

CASE 2. RUPTURED PERINEUM.—OPERATION REPORTED BY DR. C. C. FREDERICK, HOUSE PHYSICIAN.

Mary Held entered the Buffalo General Hospital, February 6, 1880; aged twenty; occupation domestic; American by birth. She was confined eleven days prior to admission to the Hospital at term, and was attended by a midwife, who allowed the head of the child to rest upon the perineum for twenty-six hours before seeking aid. Dr. Van Peyma was called and delivered her of a dead child with forceps.

Resulting from this long-continued pressure, the perineum and recto-vaginal septum sloughed away for three inches. By March 1st the sloughing surface had healed leaving her entirely unable to control her fecal evacuations. March 18th, Dr. Gay ordered a solution of nitrate of silver, gr. v to the ounce, to be applied to the edges of the wound every two days with camel's hair pencil. The strength of the solution was increased from time to time till it reached gr. xx to the ounce. Dr. Gay operated on April 20th. The parts were denuded of all the cicatricial tissue, which was abundant, and brought together by silver wire sutures—three in the rectal, and four in the perineal portion.

Previous to the operation her bowels had been thoroughly evacuated by a brisk cathartic, and then constipated by opium. A hard rubber tube was placed in the rectum, to allow the escape of flattus, and the patient's knees bound together. She was only allowed a concentrated liquid diet, with pulv. opii. gr. i every six hours, both for the anodyne and constipating effect, and by this means confined her bowels for eleven days.

The parts were irrigated with carbolized water ʒii to oj, twice daily, also gave vaginal douches, and dressed the perineum with a carbolized compress. Catheter passed night and morning. April 30, Dr. Gay removed the sutures.

The perineum is complete, and the recto-vaginal septum restored, with the exception of a small opening scarcely large enough to admit the end of the little finger, just within the verge of the anus. The patient now has complete control of her evacuations.

Translations.

LIGATURE OF LEFT CAROTID ARTERY FOR HEMORRHAGE FOLLOWING KIOTOMY, BY HADAR LIDÉN, MED. LIC.

TRANSLATED FROM SWEDISH BY HERMAN MYNTER, M. D.

As a dangerous hemorrhage after kiotomy, performed lege-artis, is so seldom met with that prominent surgeons deny the possibility, the author considers it his duty to publish the following case:

November 28th, 1879; was consulted by a lady who complained of coryza and of cough, which seemed to take its origin in the throat. By inspection of the throat both tonsils were found hypertrophied to such a degree that they almost touched each other, the left one being the larger. Kiotomy was proposed and the patient consented, although with reluctance.

The left tonsil was first removed, being caught with a forceps and cut off with a probe-pointed bistoury from below upwards along its attachment to the wall of the pharynx. There was no unusual bleeding immediately afterwards. The patient gargled the throat with cold water, but the bleeding did not stop, increasing little by little, so that the patient continually coughed up coagulated dark colored blood. No arterial bleeding was discovered. The bleeding continued for three hours in spite of the application of ice, perchlorid of iron, and solid nitrate of silver, increased continually, and became more arterial in color. The pulse was 130, weak and commenced to be irregular; as the patient was evidently failing, the left common carotid artery was ligated without narcosis, and the bleeding stopped then perfectly. The case progressed slowly but favorably, and the patient left the hospital in about three weeks; the ligature was removed several months afterward. The coryza and cough had then almost disappeared.

The author considers the bleeding occasioned by abnormal distribution of the arteries. He does not think it possible that arteria maxilaris interna was cut by the kiotomy, as the blood was dark colored and never came in spurts, but more like a parenchymatous bleeding. Possibly there was a deep-seated angioma, some branches of which were cut by the kiotomy. For this speaks that the patient always had complained of strong pulsation over the left carotid artery. Homophily had never occurred in her family, and she had never had any symptoms of that nature.—*Hygica.*

THE MICROCOCCUS OF BLUISH PUS.

FROM THE DUTCH BY P. W. VAN PEYMA, M. D.

As is well known, a controversy has long existed between Cohn, on the one hand, and Billroth and Naegele, on the other, over the question whether, in the case of the Schizomycetes, there exist as many distinct species as variations in form; or whether the various forms are capable of transition into each other, thus proving the existence of but one, or at least of but very few species. This controversy is being vigorously pushed by Cohn, and he has mentioned the micrococcus prodigiosus and luteus as examples whose form and color are permanently maintained, no matter how the coccus is propagated. He adds that if by propagation other varieties develop they must be considered as arising, not from the micrococcus prodigiosus or luteus, but rather as having a foreign source; should, however, cocci of similar forms and color appear, this is to be considered as conclusive proof of the stability of the various forms of Schizomycetes. Strange as it may seem this argument has been allowed to have force with even some quite intelligent persons.

Some experiments tending to answer this question have been made by Dr. Kurlich's in Langenbeck's Archives in an article entitled, "Ueber Vegetation von Rigment Bacterian in Verbandstoffen."

The investigations seem to have been made under the supervision of Prof. Von Bergman, of Wurzburg, who is well known as having written upon this and similar subjects. The investigations were limited to the varieties of coccus found in bluish pus. The cocci are recognizable by a peculiar aromatic sweetish odor. Von Bergman recognized this odor in the sputa of a patient with pulmonary gangrene. The colorless coccus inoculated upon purulent granulations caused bluish pus. As the result of a gunshot wound, a patient had a pus-secreting wound of the tongue and lower maxillary; the secretion, not bluish, had the peculiar odor, and by inoculation upon a purulent granulating surface, the blue pus cocci were formed.

The color and nature of the cocci have, therefore, but an indirect connection with each other. This is further shown by the fact that these cocci can be made to increase in Pasteur's fluid. They are here entirely colorless but can be made to assume the blue color upon mixing with pus. The yellow cocci which in Wurzburg is often found upon moistened bread exposed to the air, when added to pus, were transformed into the blue variety. The blue pus cocci, the yellow cocci of bread, the colorless offspring of the blue cocci in the fluid of Pasteur when implanted upon gypsum produce red cocci. Still, in other ways was it determined that the color is really of no moment to the cocci. Cohn would thus appear to have no reason for distinguishing the colored cocci from the colorless. In no instance does it seem warranted to classify according to color.—*Weeksblad von het Nedelandsch. Tydschrift von Geneeskunde.*

FRICTION IN INSOMNIA.

FROM THE FRENCH BY F. PETERSON, M. D.

Nervous persons are more than all others subject to sleeplessness. To obtain a little sleep they have recourse to narcotics which always end by having a pernicious influence on the health. We can recommend to such a very simple method, and which infallibly procures the repose many seek by other means: this is the rubbing of the body, or friction for some minutes before retiring, either with a piece of coarse woolen cloth, or, if preferred, with a friction-brush.—*La Lancette Belge.*

A CASE OF ERYSIPELATOUS PNEUMONIA.

FROM THE FRENCH BY F. PETERSON, M. D.

A LABORER, aged 55, entered hospital Necker, June 19, 1876. Eight days before, this man was taken while at work with a high fever, accompanied by severe chill, vomiting and painful respiration. The fever was persistent the first few days, the appetite was completely lost, the dyspnœa increased, but there was neither viscous expectoration nor pneumonic sputa. Patient felt a well-marked pain at the base of the right lung. The trunk in the neighborhood of the right hypochondriac region became very sensitive to pressure.

The day of entrance: had the stitch in the side; the conjunctiva had a subicteric tint; the liver was somewhat enlarged and slightly sore on pressure; pulse 92, temperature 101.8° Fahr.; no expectoration; anorexia; constipation; cephalalgia; general lassitude.

On percussion of the chest we found behind and at the base of the right lung a dull sound, and an increase of thoracic vibration; in this vicinity the respiration was sighing, and a number of sub-crepitant rales were clearly distinguished; heart sounds normal.

From these symptomatic data, and taking into account the manner of inception and progress of the malady, the following diagnosis was made: Pneumonia of the right base, with some reserves in favor of pulmonary congestion, for there were a few sub-crepitant rales at the left base also, and I thought that this congestion might depend upon a bronchitis, the symptoms of the patient being of a nature to permit such a supposition. There was in effect such a state as one often observes at the end of both pneumonia and bronchitis. Consequently pneumonia in the stage of resolution or bronchitis with pulmonary engorgement were the two hypotheses possible.

During the two days following there were the same general state, and same signs in auscultation. But the third day, in the morning, we discovered an erysipelatous patch upon his nose, which extended very rapidly over the rest of his face, but not accompanied by intense febrile movement. There was no sign of laryngitis or angina. The erysipelas was benign, and some days after the patient was cured of both that and the pulmonary affection.

The appearance of this facial erysipelas leads one to believe that perhaps this was a case of pulmonary erysipelas. The patient then told us that some days before the onset of his disease, he had slept in the same bed previously occupied by one of his daughters affected with erysipelas of the face.

It seems then that this man offers us an example of internal erysipelas, first manifested in the lung, and finally followed by erysipelas of the face. I ought to remark that the erysipelas appeared to have leaped, so to say, from the lung to the face, without invading the intermediary parts, for, as I before observed, there were no phenomena of laryngitis or angina before the appearance of the facial disorder.—*Prof. Potain in "La France Medicale."*

Selections.

DIGESTIVE FERMENTS.

BY WM. ROBERTS, F. R. C. P., F. R. S., PROF. CLINICAL MEDICINE, ETC.

PEPSIN AND TRYPSIN—DIGESTION OF PROTEIDS.

Various kinds of albuminous or proteid substances are used by mankind as food. The most important of these are muscular flesh, the casein of milk, and egg-albumen from the animal kingdom; and gluten, albumen, and legumin from the vegetable kingdom.

Proteids are attacked by the digestive ferments at two points in the alimentary canal, by pepsin in the stomach, and by trypsin in the small intestine. Between these two acts of digestion there is a complete break in the duodenum, owing to the abrupt change of reaction from acid to alkaline which occurs at that point.

PEPTOGENS.

I may here advert to a single view advanced by Schiff in regard to the production and secretion of pepsin and trypsin. Schiff found that when an insoluble aliment such as white of egg (or fibrin, or meat which had been deprived of its soluble portions) was introduced into the stomach of a fasting animal no pepsin was secreted, and the albumen remained undigested; but if with the albumen certain soluble aliments were introduced into the stomach, then pepsin was produced, and digestion immediately began.

To these substances, which had the power of provoking the formation and secretion of pepsin, Schiff gave the name of *peptogens*. Among the most effective peptogens were found to be solutions of dextrine, extract of meat (or soup), infusion of green peas, bread (which contains dextrine), gelatine and peptones. Solutions of grape-sugar, soluble starch, fat-emulsion, or gum, however, had no peptogenic effect; and milk and coffee had not much. Schiff further found that peptogenic substances were just as effective when they were injected into the blood, or into the cellular tissue, or introduced as enemata into the rectum, as when they were introduced directly into the stomach. On the other hand, when peptogens were injected into the small intestine their influence was not observed; their effect seemed to be annulled by some action of the mesenteric glands, or by some change induced in them in their passage along the thoracic duct.

On the ground of these experiments—and they were numerous and oft-repeated and gave constant and decisive results—he concluded that the absorption into the blood of these soluble aliments was a necessary preliminary of proteid digestion—that no pepsin or trypsin was secreted unless these substances existed beforehand in the blood. The first act, according to Schiff, of gastric digestion was the absorption from the constituents of a meal of these soluble peptogens by the veins of the stomach. On this followed immediately the secretion of pepsin and the commencement of digestion proper.

These views and experiments of Schiff have not been allowed to pass without challenge, but they have not yet been overturned. If they should be substantiated they will give, curiously enough, a scientific sanction to the prevailing custom of commencing dinner with soup.

THE MILK CURDLING FERMENT.

You all know that one of the most striking properties of gastric juice is to curdle milk. This property is utilized on a large scale in the industrial art of making cheese. Rennet, which has been used for that purpose from remote antiquity, is simply an infusion of the fourth stomach of the calf in brine. The curdling of casein by rennet does not depend upon the acid of the gastric juice, for it takes place when the milk is neutral or even faintly alkaline. It has until lately been believed that this property was an inherent attribute of pepsin, but this opinion is no longer tenable. Brücke succeeded, by a process I need not particularize, in producing pepsin which had an energetic action on proteids, but which did not possess, except in the feeblest degree, the power of curdling milk. Mr. Benger also found that an extract of pig's stomach in saturated brine, while it possessed energetic action as a milk-curdler, had only feeble proteolytic powers. We must, therefore, regard the agent in gastric juice which curdles milk as a substance distinct from pepsin.

In the course of my experiments on pancreatic extract, I made the unexpected observation that the pancreas also contained an agent capable of curdling milk. I found this property in the pancreas of the pig, the sheep, the calf, the ox, and the fowl. In whatever way the extract of the gland was made, whatever solvent was used, this property of curdling milk was present in it; but the brine extract exceeded all others in curdling capacity. If a few drops of extract of pancreas be added to some warm milk in a test-tube, the milk becomes a solid coagulum in a few minutes. Some minutes later the whey begins to separate from the curd. In short, the action resembles exactly that of calf's rennet; and, so far as I know, you could make cheese with pancreatic rennet as perfectly as you can with gastric rennet. There is, however, not an absolute indentity of the two agents. I said just now that gastric rennet produced curdling in neutral and even in faintly alkaline milk; but if the alkali exceed a very small proportion ordinary rennet does not curdle milk. I found that an alkalescence exceeding that produced by one grain of bicarbonate of soda to an ounce of milk altogether prevented the milk being curdled by gastric rennet. But this is not so with pancreatic rennet. You may add two, three, or four grains of bicarbonate of soda to each ounce of milk and still the pancreatic rennet will induce curdling with undiminished energy. Milk is likewise curdled by pancreatic extract when quite neutral, and even when very faintly acid. Indeed, it appeared to me that a very faintly acid milk curdled more actively with pancreatic extract than neutral milk, but not so actively as alkaline milk.

That the curdling agent of the stomach and pancreas is a true ferment, and not some inorganic chemical agent, seems to be proved by the fact that boiling or even heating to 160° F. (70° C.) instantly destroys its power. I found, moreover, that, like other soluble ferments, it is precipitated, but not truly coagulated, by alcohol—for it recovers its solubility and activity when the alcohol is removed, even after a contact of several weeks.

What is the real function of the curdling ferment? Seeing its striking reaction with milk, one's first idea is that it must have something to do with the digestion of casein. But a little consideration shows that this idea is altogether improbable. Although all mammalia start life on a milk diet, milk does not form a part of the normal diet of any adult creature except man. Nor can its universal presence in the mammalian digestive organs be regarded as a vestigial phenomenon—a "memory" of the sucking phase of their existence—for the same curdling property is found in the stomach and pancreas of the fowl, which never at any period of its life fed on milk. Moreover, it may be doubted whether the ferment in question is the actual agent which curdles milk on its passage into the stomach; for the acid of the gastric juice, which also curdles milk, would probably be beforehand with it, inasmuch as its action is a good deal more prompt than that of the ferment. In the pancreatic digestion of milk, the occurrence of curdling has appeared to me to be a distinct hindrance to the process. Has this ferment any true digestive functions? I think this is quite open to doubt. Its action on milk is apparently akin to that of the fibrin-ferment on blood—and it may likewise have some kindred purpose; but what that purpose may be I am unable to conjecture.

DIGESTION OF FAT.

Some observations made by Brücke promise to throw a fresh light on the digestion of fat. Brücke found that oils and fats which contained an admixture of free fatty acids—in other words, which were more or less rancid—were emulsified by a slight agitation with a weak solution of carbonate of soda. J. Gad extended these observations, and showed that even simple contact of a rancid oil with the alkaline solution was sufficient to effect a mechanical division of the oily matter. I have repeated these observations, and the results are certainly remarkable. The different behavior of two specimens of the same oil, one perfectly neutral and the other containing a little free fatty acid, is exceedingly striking. I have here before me two specimens of cod-liver oil—one of them is a fine and pure pale oil, such as is usually dispensed by the better class of chemists; the other is the brown oil sent out under the name of De Jongh. I put a few drops of each of these into these two beakers, and pour on them some of this solution, which contains two per cent. of bicarbonate of soda. The pale oil, you see, is not in the least emulsified; it rises to the top of the water in large clear globules. The brown oil, on the contrary, yields at once a milky emulsion. The pale oil is a neutral oil, and yields no acid to water when agitated with it—in other words, it is quite free from rancidity; but the brown oil when treated in the same way causes the water with which it is shaken to redden litmus paper. I was surprised to find that olive oil (salad oil), which appeared quite sweet, and had not the slightest taste or smell of rancidity, gave a milky emulsion with the soda solution. This oil did not yield any acid reaction to water when agitated therewith. Nevertheless, it evidently contained a little free fatty acid (probably oleic acid, which is insoluble in water, and therefore does not acidify water shaken up with it), for when a portion of this oil was washed with a strong solution of carbonate of soda, and then allowed to separate, the oil thus freed from acid no longer gave an emulsion with the weak soda solution. It would appear that an admixture of only a very small proportion of free fatty acid is sufficient to induce emulsification—a quantity so small as not to cause any appreciable rancidity to the sense of smell or taste. This specimen of almond oil is to all appearance perfectly sweet, but it communicates a rather sharp acid reaction to water shaken up with it, and it gives, as you see, a perfect emulsion with the soda solution.

The bearing of these observations on the digestion of fat is plain. When the contents of the stomach pass the pylorus they encounter the bile and pancreatic juice, which are alkaline, from the presence in them of carbonate of soda. So that the fatty ingredients of the chyme, if they only contain a small admixture of free fatty acids, are at once placed in favorable circumstances for the production of an emulsion without the help of any soluble ferment, the mere agitation of the contents of the bowel by the peristaltic action being sufficient to effect the purpose.—*London Lancet.*

ETIOLOGY OF SUMMER DIARRHEA.

At a meeting of the Society of Medical Officers of Health, at 1 Adam street, Adelphi, London, on Friday, February 20th, president, Dr. Bristowe, Dr. G. B. Longstaffe read a paper entitled "Some facts bearing on the Etiology of Summer Diarrhea," of which the following is an abstract:—All are prepared to admit that many circumstances may predispose to diarrhea, such as the character of food, foul air, bad water, high temperature, overcrowding, etc.; but it is at least not improbable that there exists some special or specific cause, at present unknown, which must be superadded to one or more of the predisposing causes. This specific cause may be a meteorological condition, a peculiar form of pollution of air or water, some animal or vegetable matter in a state of change, or even a living germ. The method of inquiry employed by Dr. Longstaffe necessitates the limitation that when diarrhea is mentioned it must be understood that fatal diarrhea is meant, because the arguments to be brought forward are all derived from the statistics of death collected in the Registrar General's office. It is important to obtain satisfactory replies to the three following questions: Where, when, and how does it kill? The average death-rates of the ten years ending 1879 show that the average summer diarrhea death-rate over the whole of England and Wales is 2¼ per 1000; in the fifty other towns of the Registrar-General a little below 3 per 1000, while nearly 1 per 1000 higher than that of the twenty largest towns of England. The death-rate of all the rest of the country—that is, of the registration districts not included in these seventy towns—is 1½ per 1000. Diarrhea in the summer is, therefore, twice as fatal in the fifty towns, and more than twice as fatal in the twenty towns, as it is in the country districts. When the death-rate of the several towns is investigated, very striking differences come to light. Thus the death-rate in Leicester is over 8 per 1000, Preston 7 per 1000; next to Preston come Salford, Leeds, Hull, Yarmouth, Bolton, Liverpool, and Birmingham. The London rate is almost exactly the same as those of the fifty towns. When the seventy towns are arranged in the order of their summer diarrhea death-rate, the twenty towns at the top of the list are found to have an average rate of 5.2, while the twenty towns at the other end have an average of only 1.8. What factor in common have the twenty towns comprising one group, which being absent in the twenty towns comprising the other group, causes the latter to have a diarrhea death-rate of little more than one-third that of the former? Density of population is not the common factor; the geological system upon which a town stands appears to exert no influence, although porosity of soil may be of importance. Elevation above or proximity to the sea is without effect. Mortality from diarrhea is below the mean from the beginning of October to the end of June, while it very greatly exceeds the average during July, August and September. From December 1st to May 31st, the deaths from diarrhea in London are practically constant, averaging between fourteen and fifteen per week; three weeks after the mean temperature of the air rises above 50° F.—i. e., about June 1st—the deaths begin to get more numerous, and a fortnight after the temperature exceeds 60° F. the deaths begin to exceed the mean in London 52 per week. The greatest number of deaths occur in the first week in August, and the mortality appears to be due to some function of the temperature. Diarrhea is most fatal in years with hot summers, especially if they be at the same time dry, and is least fatal in cold summers, especially if they be at the same time wet. The number of rainy days appears to be at least as important as the amount of rain that falls. The temperature of the water of the

Thames has a closer relation to the mortality from diarrhea than the temperature of the air. The temperature of 62° F. is more critical than of 60° F. All attempts to express the diarrhea mortality as a function of temperature *only* have failed. Diarrhea is therefore probably a communicable zymotic disease, which thrives best during hot weather. From fifteen to twenty-five years of age the death-rate from diarrhea is only .04 per 1000 living at that age; from five to fifteen years of age it is a little greater, and from twenty-five to fifty-five only .1 per 1000. From two to five years it is .6 per 1000; over fifty-five years, 1.2 per 1000; during the second year of life 5.1 per 1000, and during the first year, 17 per 1000 living at that age. These figures are derived from the means of the years 1847–78. Dr. Longstaffe concludes that there is a specific poison of diarrhea which makes its appearance in the summer months, and that bad water, fruit, artificial feeding, etc., may be excluded as causes. There only remains then bad air, either (*a*) as a locally-bred miasm, or (*b*) sewer air. He suggests that the exciting cause of summer diarrhea is intimately connected with the process of putrefaction, however and wherever arising; but that in a large proportion of the cases the infective material has its source in the public sewers, and is introduced into the system through the lungs.—*London Lancet, June,* 1880.

ON THE INFLUENCE OF MATERNAL SHOCK IN THE PRODUCTION OF FŒTAL MONSTROSITIES.*

BY THOMAS WILSON, M.R.C.S., L.R.C.P.

MOST of us who are engaged in the routine of general practice, and especially in the department of midwifery, have had our attention repeatedly drawn to the occurrence of cases of abnormal development, for which the mother nearly always offers us an explanation. There are few of us, indeed, who have not ere this made acquaintance with such marks on children as nævi, the so-called "port wine stains," or "strawberry marks," and who have not received from the lips of the mother a theory of their causation.

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*Read before a conjoint meeting of the Border Counties and North of England branches of the British Medical Association.

As in the physical world every state of matter is conditioned by antecedent changes, or, in other words, is the effect of certain causes, so in the world of life there can be no such thing as a "freak of Nature," no such thing as a spontaneous divergence from any line of development, without a concurrence of antecedent conditions, in which its cause may be said to lie.

It is out of a recognition of this fact that there has sprung up the theory of "maternal impressions," by which mothers and many others seek to explain the occurrence of abnormalities in their offspring by the operation of certain physical agencies. It was enough to the mother who had carried her child into the months of autumn, and who was then safely delivered of a baby with a large nævus on its face, to remember the fact of her visit to the market, and the effect which a large basket of strawberries produced on her imagination on that occasion. With many other similar remarks we are all more or less familiar, and how have we regarded them? simply as crudities of thought, simply as the expression of human nature to find a cause for everything; simply as the wish, on the part of the maternal mind, to correlate, in some way or other, the occurrence of certain peculiarities, in the skin of her child for instance, with certain objects in the external world presenting to her mind similarities of appearance. We all know how disinclined we have been to accept such statements, which would make the relationship that of cause and effect, knowing the impossibility for the imagination of the mother, by brooding over certain circumstances, to develop such changes in the child. Creation by fancy, so to speak, cannot occur—and hence we have come to consider certain conditions, which in the mother's mind stand related as cause and effect, as simple coincidences, unexplained, it is true, by any law with which we are familiar. We have preferred taking this view of the matter, on the testimony of our best anatomists, that "no nervous communication is known to exist between the mother and her fœtus in utero." Whatever effect external objects may have had on the imagination of a mother, it is evident that no amount of thought or reflection on the part of the maternal mind can develop abnormalities in the fœtus in her womb; for to assert the affirmative, is simply to make the mind of the mother a creative faculty.

This is the position I have maintained, and yet the occurrence of certain cases in my practice have caused me to reconsider the question, and to arrive at this conclusion—that whether or no there be nervous communication between the mother and the child she is carrying in her womb, there is sufficient evidence pointing very strongly in the direction of the products of conception being affected by circumstances which produce shock to the mother; and without being too dogmatic on this point, it would appear that the earlier in the period of utero-gestation, the greater is the liability to the product being affected. How it comes about that shock to the mother should thus interfere with the development of her child, I cannot tell. I offer no theory, in the face of anatomical obstacles, but simply bring before you a few facts to show you that while no nervous communication is known to exist between mother and child, in utero, the effect of shock upon the mother is not confined to herself, but also acts upon the babe she is carrying. With this object in view, I shall briefly detail the facts of five cases.

Case 1.—Mrs. O., aged twenty-five years, on giving birth to her second child, it was noticed that the child had spina bifida and club feet. The cause assigned by the mother was that when in the fifth month of pregnancy, she saw a man fall down in the street in an epileptic fit. The man in question was club-footed.

Case 2.—Mrs. T., aged twenty-three years, primipara; her child was born with a red mark on its back, and also a mark on the centre of its forehead. Explanation given by the mother: when in her fourth month, a girl came behind her unawares and gave her a slap on the lumbar region; a month later, while reaching for some crockery in a closet, something fell down from above on her forehead.

Case 3.—Mrs. R., aged thirty-four years, told me that in her sixth pregnancy, when about half gone, she was standing looking out of her doorway, and she saw a horse and cart run over a child's forehead; her own child's head was deficient from the eyes upwards.

Case 4.—Mrs. M., aged sixteen years; her child was born with two distinct vesicles on the left hand, one over the metacarpal bone and the other on the phalanx of the left index finger. Mother stated that a few days before the child was born she was ironing some clothes, when something startled her and she burnt her hand; the vesicles on the hand of the mother exactly corresponded with those on the hand of the child.

Case 5.—Mrs. W., aged twenty-four years; her second child was born on the 28th of December, 1879, after a short labor of two-and-a-half hours' duration. It moaned from the time of its birth, and only lived two days. During this time it was unable to take the breast, and continued to moan until it died. There was, therefore, nothing unusual about the birth. As her first child only lived a fortnight, and this her second had died so soon after its birth from some explained cause, I suggested a post-mortem, which was acquiesced in by the parents, and, with the assistance of Dr. Oliver, of Newcastle, we made a post-mortem, with the following results. Autopsy: Body is that of a well-developed child. The face is pale, the fingers and finger nails are black, the fingers are not clenched. Rigor mortis well developed. Head: on reflecting the scalp it is noticed that the upper and posterior portions of the parietal and parieto-occipital regions are found to be of a very dark color. The coloration is that which is noticed when blood has been effused into tissues, as in ecchymosis. The calvarium, on being removed, carried with it the dura mater, which adhered to the fontanelles. Under the arachnoid and over the left occipito-parietal lobes of the brain there is a good deal of blood effused. There are numerous small hemorrhages, varying in size from a pin's head to a pea; a similar condition exists under the membranes on the right side. The membranes, however, are easily removed, leaving the brain uninjured. The vessels are distended, on some there are dilatations. The membranes of the cerebellum are also hyperæmic. The brain and cerebellum healthy. The puncta hæmorrhagica are not in any way increased. No effusion in ventricles, a little at the base of the brain. There was rupture of the lateral sinus. Chest: both lungs are engorged, especially in the lower lobes. They feel firm to the touch, and cut like a piece of flesh. The section is studded here and there with small reddish black points, as if of pulmonary apoplexy. The condition of the lung is that met with in the early stage of pneumonia. Heart: the left ventricle contains clotted blood; the right is also filled with clot, which can be traced into the pulmonary artery; the abdominal organs are healthy. There was no disease of blood-vessels. This was considered a case of cerebral pneumonia.

Remarks.—After some conversation with the mother the following explanation was given by her: In the act of removing something out of a large chest, some three months before her confinement, the lid came down suddenly on the crown of her head, and as it was somewhat heavy it caused her to faint, and to complain of pain in that region. Until a few days ago she complained of a dizziness in her head. Now, as nothing occurred during, or after, parturition to produce such a general ecchymosis under the scalp, and, so far as I am aware, there is no ante-partum condition which can cause it, I leave it to you to consider how much reliance is to be placed on the fact of injury to the mother.

We are in this condition with the five cases I have read to you. On the one hand we have certain abnormalities in some children, and, on the other, we have certain statements by their mothers. How do these two circumstances stand related to each other? Is it, as the mother insists, one of cause and effect? Is it possible that the mere observation of a person in a fit so impresses a woman, that the child she is carrying exhibits distinct signs of that at which she shuddered? Is the anencephalous monster, or the child with the spina bifida, but the material reflection of the maternal impression? (not after the manner of the mother brooding over the fact, and making herself miserable.) Is the visual and tactile sensation, which so impressed and sent a shudder through her at the time, capable of being followed by abnormal development in her child through the medium of the vaso-motor system?—*Obst. Journal of Great Britain and Ireland.*

AN IMPROVED METHOD OF PERINEORRHAPHY.

E. S. BUNKER, M. D.

Laceration of the perineum, not involving the sphincter ani, is by no means a rare accident, and perineorrhaphy is much more frequently indicated than was formerly supposed. The operation has been greatly simplified in recent times, so that it belongs, not so much to the brilliant repertoire of the specialist, as to the every-day work of the general practitioner. The essential phases of the operation are three: 1, the denuding of the parts; 2, the adjustment of the sutures; 3, the removal of the sutures after union has taken place.

1. Denuding the parts.—The method which I employ is based upon a suggestion from my friend, Dr. John Merritt, of Brooklyn. With a scalpel I make a V-shaped incision through the integument. This marks the outer limits of the space that is to be denuded. Then, seizing the apex with a forceps or tenaculum, I dissect up the skin from the part to be denuded in a single triangular flap, which I leave attached by its base to the posterior wall of the vagina. This can be done with great rapidity, and there is absolutely no loss of tissue to the patient. The flap is then lifted out of the way by an assistant, and the sutures are inserted and secured in the ordinary way. It will now be found that the flap has become very much retracted from

before backward, and that, from side to side, it is folded upon itself like a sheet thrown over a clothes-line. The apex now barely reaches to the ostium vaginæ, and the two lateral halves of the raw surface of the flap being brought into apposition quickly unite. The flap, treated in this way, roofs over the wounded parts beneath, and protects them from vaginal discharges. Ultimately it becomes a solid raphé, reinforcing the new-made perineal body.

2. The sutures.—Several years ago I published a note advocating the use of horse-hair sutures in perineorrhaphy. A subsequent experience in several scores of cases has not changed my estimate of their value. They are easy of adjustment, secure, easy of removal, and they give the patient relatively little pain while they are *in situ*. I use a needle curved in the segment of a circle, and introduce it by the aid of Sims' needle-holder. Two horse-hairs, doubled so as to make four strands, will always hold.

3. Removal of the sutures.—This I usually do about the seventh day. With horse-hair it is as a rule painless; with silver wire it is often attended with atrocious suffering.

This method of operating admits of great celerity. Two years ago I applied it in a case where nitrous oxide gas was administered by my friend, Dr. G. W. Brush, and the total duration of anæsthesia was only seventeen minutes, during which time every step of the operation was carried out. I have twice operated on lacerations through the sphincter, using only horse-hair sutures: the result in each case was satisfactory.—*Annals of Anatomical and Surgical Society, Brooklyn.*

NOTES ON THE TREATMENT OF SUB-INVOLUTION OF THE UTERUS.

BY JAMES BRAITHWAITE, M. D., LONDON,

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and Surgeon to the Hospital for Women and Children.

THE writer having long felt the want of a perfectly safe and at the same time efficient means of treating uncomplicated sub-involution of the uterus, gladly tried for the first time, about two years ago, a plan shown him by Dr. Wynn Williams, at the Samaritan Hospital. This treatment is in common use by Dr. Williams amongst the out-patients of that hospital, and in the hands of the writer has been found to deserve all the confidence felt in it by its original author, with whose permission this note, which was at first only intended for a local medical society, is now published by request.

It may be premised that this treatment is less suitable in cases complicated by endometritis, which should be treated previously for that disease.

The treatment consists in the application to the interior of the uterine cavity of a solution composed of equal parts of iodine, iodide of potassium, and spirits of wine. The first two ingredients dissolve readily in the third.

The patient being in the dorsal position, a Fergusson's speculum inserted, and all mucus wiped away, it is a good plan to pass a sound through the cervical canal, as the iodine application is more readily passed afterwards. The sound used for this purpose should be curved only in its terminal half inch, or a trifle more, and this curve should be of about forty-five degrees angle, in order to be easily used through a speculum. A small whalebone bougie, having its slightly bulbous extremity removed, or any long and finely tapering piece of whalebone, is to be wrapped round with cotton wool in its terminal four inches, or to a greater length than that of the enlarged uterine cavity. About two inches of this is saturated with the iodine solution, and is rapidly passed up to the fundus, and there allowed to remain for a few moments. To facilitate the rapid insertion of the whalebone, it should be slightly curved towards its extremity, and sufficiently fine to allow of its bending very readily. This is withdrawn in about a minute, the cotton of course coming away upon the whalebone, and being then stripped from it. The effect of the application of this powerful solution of iodine is to cause immediate forcible contraction of the uterine muscular fibre, as may be inferred from the difficulty of passing the cotton a second time soon after its withdrawal. This contraction, however, only occurs when the contractility of the muscular fibre is not lowered by inflammation. As, however, a second application should not be necessary, the contraction passes unnoticed. This solution should be applied twice between the periods, and continued according to the results. The lessening of the size of the uterus is generally marked and rapid, so that on introducing a sound at the end of a week after the first application, a uterus previously measuring three and a half inches may be expected to have lost half an inch of its internal length. Seldom more than three or four applications have been made, and cases chosen which were uncomplicated with much tenderness of the uterus, and unattended with the dirty brownish discharge of endometritis. It is in the experience of the writer a mistake to mix up such cases with sub-involution, and treat them with one remedy, as advised by a late writer upon the use of "iodized phenol." Treat the endometritis first, either with ordinary tincture of iodine, as recommended by Dr. Tilt, and as was the habit of the late Dr. Tyler Smith, or with carbolic acid after Dr. Playfair's plan, and then, if the uterus does not lessen in size as much as desired, use this strong solution of iodine. If this is reversed, the strong iodine will be found to aggravate the inflammation and the carbolic acid inefficient in curing the sub-involution. The only plan of treatment which seems equally efficient with the one described, is that used by Dr. Atthill, of Dublin, the introduction into the uterus of ten grains of solid nitrate of silver. This treatment appears rather heroic, and at this side of the Irish Channel would probably set up unpleasant inflammatory action.

In conclusion, this short article only expresses the experience of its writer, who claims no merit whatever, and who takes this opportunity of thanking the original author of the treatment for a valuable hint in practice, which has helped him over a number of cases which he would otherwise have found it difficult to treat rapidly and successfully, and without fear of doing harm by setting up inflammation or obliterating the uterine cavity by producing adhesion of its surfaces.—*Obst. Journal of Great Britain and Ireland.*

SUTURING DIVIDED NERVE TRUNKS.

BY LEWIS S. PILCHER, M. D.

Dr. L. S. Pilcher called the attention of the Brooklyn Medical Society to the possibilities in the treatment of divided nerve trunks, which were to be realized by bringing together the separated ends and uniting them by suture. He claimed that in all cases of division of nerve trunks there was no reason to expect any evil effect from such practice. It was true that many instances of spontaneous repair and reunion of divided nerves had been recorded, but in no one case could a surgeon expect such a result; on the contrary, the rule was that degenerative changes rapidly ensued at the divided points, diminishing the probabilities of restoration of the function of the nerve more and more as time elapsed. The best results might be expected in cases of wounds in which nerve trunks had been divided, by at once uniting the separated ends by sutures. In many cases the sutures need be inserted only in the nerve sheath, but if necessary to obtain sufficient hold, they might be made to traverse the entire thickness of the nerve. In support of his opinion he cited first a case reported by Mr. J. W. Hulke to the Clinical Society of London, Feb. 13, 1880, and recorded in the *British Medical Journal* of Feb. 21, 1880, which was as follows: A man received a deep gash across the front of the forearm just above the wrist, by which the median nerve, radial artery, and several tendons were severed. Five weeks later, July 23, 1879, there having been no return of nerve function, the nerve was exposed by dissection. The ends were found three-quarters of an inch apart, the upper bulbous, the lower pointed. The two ends were refreshed, the upper end pulled down, and the ends fastened together by four stitches of very fine silk passed through the sheath; the forearm and hand were then fixed upon a splint. Three weeks later he was discharged, having regained sensibility in the parts before numb, except in the last phalanges of the index and middle fingers. Later, further improvement took place.

Second, a similar case which Mr. Howard Marsh, in discussing the preceding case, stated had occurred at St. Bartholomew's Hospital, in which, though the nerve had been injured for some time, the function began to return within twenty-four hours after union.

Third, a most remarkable case of suture of the great sciatic nerve, by Prof. von Langenbeck, of Berlin, related by Dr. Gaston Dupré in a letter to the *Journal de Medecine* of Brussels, 1877.

A man fell upon a cleaver and sustained a deep cut in the back of the right thigh, at a point a little above the lower third; loss of motion and sensation in the limb resulted. The wound suppurated, and finally healed at the end of two months. The patient walked with great difficulty, his leg wasted more and more; there was persistent insensibility. Massage, douches and electricity were applied without success. At the end of two years he presented himself at the clinic of Prof. von Langenbeck. The right leg was much wasted; examination by means of needles plunged deeply into the flesh showed the existence of a zone of complete insensibility occupying the outer half of the foot and leg as high up as the upper third of the leg. In walking, the patient halted badly, dragging his flaccid leg and resting on the internal border of the foot, upon the external border of which an ulcer was developing. Upon the back of the thigh, about its lower third, was discernible a large transverse cicatrix. The professor made a long incision perpendicular to the cicatrix, and exposed much cicatricial connective tissue; dividing this carefully, he came upon the peripheral end of the nerve at the lower angle of the incision; this end was slightly swollen. Pursuing his search at the upper angle of the incision, he found, with much difficulty, buried in the midst of a large mass of cicatricial tissue, a large swelling of the size of a good-sized thumb ; it was the central end of the nerve. The two ends were distant from each other five centimetres (2 in.) The professor expressed surprise at such a great separation of the two ends of the divided nerve. He drew attention to how much greater was the swelling of the central than of the peripheral end of the nerve. It would be necessary, first of all, to determine that the peripheric end had not become entirely transformed into a fibrous and granulo-fatty cord. For this end, he cut away a certain length of the slender swelling, and ended by finding nerve fibres intact ; the same course was pursued with the central end, so that the nerve tissue of the two parts could be placed in immediate contact ; then exposing the peripheral end for some distance, and flexing the knee strongly, he brought the two ends of the nerve together. This done, the ends were fastened together by two catgut sutures, which were cut off near the knots ; some points of suture were placed in the skin, and finally a bent guttapercha splint applied to the anterior face of the limb, so as to maintain the flexion of the knee. No unpleasant symptoms followed this operation. During the next and the following days the patient experienced but little pain ; a very slight elevation of temperature, the immediate result of the operation, soon disappeared. At the end of two months, when the case was reported, sensation had been restored to such an extent over the whole part before insensible, that the patient could indicate precisely a point where a slight prick of the skin was made. Motion, however, was yet in abeyance.

The uniform benefits and freedom from dangerous or unpleasant complications attending these cases, encourage a more general practice of immediately fastening together by sutures the ends of divided nerve trunks. An extensive test of this method of procedure in the proper cases is urged.—*Annals of Anatomical and Surgical Society, Brooklyn.*

ON CHANCROUS FOLLICULITIS OF THE VULVA, OR FOLLICULAR SOFT CHANCRE.

A PAPER on the above subject, by MM. Gouguenheim and Bruneau, based on observations made at the Lourcine, was read before the Societe Medicale des Hopitaux. The following are the authors' conclusions: 1. Chancrous folliculitis, or follicular soft chancre, occupies most often the external surface of the labia majora. 2. It presents a special (*boutonneux*) character, which has led to its being frequently confounded with simple acute vulvar folliculitis. 3. The follicular condition may persist throughout the whole duration of the disease. 4. The follicular condition may disappear after some days, and the lesion assume the appearance of the ordinary chancre. 5. Simple chancres often coincides with follicular chancre. 6. Chancrous folliculitis often succeeds an ordinary chancre, but the reverse equally takes place. 7. It may exist alone, independently of any other ulceration. 8. Affection of the inguinal glands is rare. 9. Chancrous folliculitis evolves itself in the space of three or four weeks. 10. It is inoculable. 11. Inoculation, contrary to what happens almost always with the ordinary soft chancre, presents a period of incubation lasting from eight to twenty days. 12. The diagnosis of this disease, when it is not accompanied by the ordinary soft chancre, is impossible without inoculation. 13. The majority of observations of simple acute suppurative folliculitis, reproduced in books, without the criterion of inoculation, ought to be looked upon as cases of chancrous folliculitis. 14. The existence of simple acute suppurative vulvar folliculitis is then very hypothetical. 15. Secondary ulcerous folliculitis may only be a follicular soft chancre produced on syphilitic soil.—*Gazette Hebdomadaire de Medicine et de Chirurgie.*

CONTRACTION OF FINGERS.

At a meeting of the Medical Society of London, Mr. William Adams exhibited a number of casts of contracted fingers. Many were due to contraction of the palmar fascia and its digital prolongations. Such were cured by multiple subcutaneous divisions of the fascia and immediate extension. Mr. Adams regarded it as usually commencing in chronic gouty inflammation and thickening of the fascia. These cases were compared with the cast of a case of finger contraction, following lacerated wound of the wrist, and depending on contraction of the tendons. He also showed a cast of a remarkable case in which the little finger was severely contracted by a web of skin extending from the point of the finger to its base. The President referred to the case of a gentleman aged eighty, who had suffered from contraction in both hands. Mr. Gant had remedied this in the right hand by tenotomy and extension. Mr. Spencer Watson asked for evidence of a gouty origin of the disease, and alluded to Mr. Hutchinson's observations of the concurrence of thickening of the sclerotic (and glaucoma) with Dupuytren's contraction. Dr. Fothergill had frequently noted these contractions in gouty subjects, and almost invariably found them symmetrical. Mr. Owen alluded to a case of this disease in a gentleman, aged thirty, in which the middle finger of the right hand was contracted, and where he had operated by dividing the fascial band, applying a splint and gradual extension. Dr. Gilbert Smith, referring to Mr. Adams' remark as to the rare occurrence of the disease among women, said he had lately seen a lady with both hands affected by these contractions. He also knew of an instance where three brothers, all of them gouty, suffered in this manner.

TONGA IN NEURALGIA.

Dr. Ringer, in a short article on *tonga*, states the following points: It is a remedy, probably a combination of different barks, in use among the Fiji Islanders. A fluid extract, in drachm-doses three times a day, cured promptly six cases of severe neuralgia, improved a seventh, and failed in the eighth, only because, as Dr. Ringer believes, the preparation had become inert. These cures were produced without toxic symptoms in any case. Sensation, the secretions of the mouth, and the pupil were unaffected; large doses (℥ ss) produced slight drowsiness in one patient.

IRON ON DIGESTION.

Dr. Perry, taking as his subject the *misuse of iron preparations, and their effect upon the digestive process*, supports his views with the following experiments. Two test-tubes containing artificial gastric juice and albumen; into one of them is poured one drachm of elixir of iron and quinia, at the end of four hours digestion has been completed in the tube containing no iron; the albumen remains unaffected in the tube containing the medicine. At the end of ten hours the albumen in the latter is still undigested, showing the effect of the iron preparation in suspending digestion. He quotes cases in which he considers indigestion to have been due to the presence of a preparation of iron in the stomach; he advises that such medicines be administered one hour before, or four hours after meals.

PHOSPHATE OF LIME.

On the *action of the phosphate of lime* Dr. Caspari remarks that it has a peculiar effect in improving the condition of the capillary circulation; that this effect is not due to the phosphoric acid contained in it; that preparations of iron, given in connection with the phosphate of lime, produce effects not obtainable by those preparations given alone; and that combinations of phosphorus and iron will not produce effects which may be derived from iron and phosphate of lime given together. The manner of operation of phosphate of lime he leaves for physiological chemistry to elucidate. He considers the phosphate of lime specially indicated in conditions characterized by hemorrhages due to the breaking down of capillary vessels. In support of this view he adduces cases of marked improvement under this treatment. In a case of acute parenchymatous nephritis, with more than the usual amount of hæmaturia, great benefit followed the daily administration of two drachms of the phosphate of lime. The hæmaturia was controlled, the blood finally disappearing from the urine altogether, and the nephritis rapidly progressing toward recovery. The author believes that the amelioration of the patient's condition was due to the influence of the phosphate of lime in improving the tone of the renal capillaries. A case of cystitis, with decomposing urine and cystorrhagia, was likewise favorably affected by the treatment. A case of menorrhagia was cured in the same way. The author has seen the best effects in chlorosis from a combination of iron preparations with the phosphate of lime; he has also seen the blood-streaked expectoration of catarrhal phthisis with cavities diminish conspicuously under a continued administration of the phosphate of lime.

SUBCUTANEOUS INJECTION OF FOWLER'S SOLUTION.

Dr. Moyes reports cases illustrative of special benefit derived from the *subcutaneous administration* of Fowler's solution. The first was a case of chronic pemphigus, which yielded but slowly to five minims of Fowler's solution three times a day, administered by the mouth. This was true of four attacks of the disease, occurring during four years, and each lasting about three months. A fifth attack was treated with hypodermic injections of Fowler's solution, and recovery took place in five weeks. In the former attacks the total amount of Fowler's solution taken averaged f ℥ij; in the last only f ʒ iijss were necessary to effect a cure. The method of administration was as follows: one-sixth grain of morphia was first injected in the usual way, and the needle was left stationary while the syringe itself was removed. Three to six minims of Fowler's solution, diluted with an equal quantity of water, were then drawn into the syringe, the latter was again attached to the needle, and the second injection was made. Immediately afterward a piece of ice was laid upon the part, and kept there for about half an hour by the patient himself, with the object of preventing inflammation. One injection was given daily. In this case no abscesses were produced. In a bad case of psoriasis, in which Fowler's solution had been for some weeks administered by the mouth, in considerable doses, with little benefit; improvement and cure soon followed hypodermic injections of five-minim doses, daily, of the same remedy. In this case some annoyance was caused by the development, at the point of injection, of two small abscesses. Professor McCall Anderson is reported to be making trial of the liquor sodii arseniatis, with the probability of its proving non-irritating, and not requiring the precaution of cold applications and previous morphine injection.

BICHLORIDE OF MERCURY IN DYSENTERY AND DIARRHEA.

THE use of *bichloride of mercury in dysentery and diarrhea*, in somewhat minute doses, has been tested by Dr. Reed. "It has been found particularly valuable in those forms of chronic diarrhea characterized by dysenteric symptoms, such as the presence of mucus or blood in the stools, with or without tenesmus." The notes of four cases thus treated are given.

BORACITE.

SOME years ago, a pamphlet was published by Becker on "*Boracite, the secret remedy of Paracelsus for stone*," (Mühlhausen, 1868). Koehler, taking the suggestion from this, experimented with the remedy with, as he considers, favorable results. In preference to boracite (the borate of magnesium), Koehler used a combination of it with citric acid, in which it is readily soluble, forming boro-citrate of magnesium. In five cases of gravel in which it was tried it seemed to promote the discharge of "sediment or small stones, and afterward to keep the urine clear." A small stone, about half as large as a pea, was immersed in a solution of the salt, and within eight days was crumbled and reduced to a fine sand.

ECZEMA.

Dr. Lambart, in the London *Lancet*, states that within the last twelve months two cases of eczema have come under his observation, and both have yielded to the following treatment: First, the affected part was painted with pure carbolic acid; as soon as this became dry, collodion was similarly applied. This was repeated every fifth day. At the same time solution of arsenic was administered three times daily.

Editorial.

THE BUFFALO MEDICAL AND SURGICAL JOURNAL. —THE TWENTIETH VOLUME.

The twentieth volume of the Journal, the second under the present editorial management, opens with this number. One year ago, in undertaking the duties and responsibilities of medical journalism, assurances were given of earnest effort and assiduous labor in the untried field upon which at that time we were entering. How far the promises then made, and the designs and objects unfolded in our salutatory, have been fulfilled, we modestly leave to the public, especially to those who have generously tendered their support and assistance, to decide. A largely increased circulation, with the most cordial endorsement of the position we have taken upon all the leading questions, affecting the vital interests of the medical profession, are among the gratifying evidences of approval of our efforts.

In commencing a new volume, we feel from our brief experience, that the profession will lend a liberal support to this, as well as to every honest effort to advance its interests, to elevate its tone, and to promote its laudable objects. We desire to reiterate the sentiments heretofore expressed in our pages, that the Journal in the future will occupy no uncertain or equivocal positions on questions which concern the great interests of the medical profession, nor will we fail to improve opportunities, as they may arise, to discuss educational and ethical questions, in the most independent manner, or to advocate principles with a view to correct errors into which the profession may have drifted in the past.

We are proud to recognize in the American profession, elements and germs of the fairest promise for the future of medical science. The energy and enterprise required of our people to develop the material resources of a new country, have brought out strong national characteristics, extending to every industry, mechanical and commercial, and permeating the social and intellectual tastes and habits of our people. It would be a matter of surprise if the medical profession in its growth were uninfluenced by the nature of the soil or the peculiarities of climate, or failed to breathe in the contagion of free and independent thought, peculiar to our American civilization. As a body, we are rapidly emerging from this intensely practical period in our professional history. A wider culture and habits of closer study and research are among the propitious omens observed at the present time. Our medical literature already commands favorable recognition both at home and abroad. The Medical Press may justly be considered an important factor among the agencies in operation for the advancement of medical science. In this department we shall continue to devote our best energies, hoping to contribute something to the storehouse of human knowledge, and through the medium of the JOURNAL to disseminate through our widely scattered constituency, in a concise and well-digested form, valuable data to aid the profession in its beneficent work for humanity.

THE BUFFALO STATE ASYLUM FOR THE INSANE.

THE Board of Managers of the Buffalo State Asylum for the Insane have wisely chosen for the responsible position of Superintendent, Dr. Judson B. Andrews, of Utica, a gentleman of extensive experience, of wide culture, and rare administrative ability, to organize and put in successful operation the State institution located in this city. We unite in the sentiment so generally expressed throughout the State, of approval of this excellent selection. The Buffalo Asylum, under his able management, will at once assume the leading position among the institutions for the care of the insane in this country. We do not fail to recognize also the important accession to our professional circles, secured through the removal of Dr. Andrews to our city. The Buffalo Medical College have in their announcement notified the profession of the addition to its curriculum of a course of lectures on nervous diseases, by Dr. Andrews. This is a most important addition to its lecture course, and will greatly add to the superior advantages already offered in our city, in the matter of medical education.

THE HEALTH REPORTS.

In our last number we indulged in kindly criticism of the weekly reports issued by the Board of Health, and pointed out defects in the method adopted to furnish information to the public and the profession in regard to the sanitary condition of the city. We disclaimed any intention to impugn the motives or to embarrass the efforts of the Health Physician, Dr. Briggs, whose energy in the special work committed to his charge deserves all praise. Acting upon the suggestions made with a view especially to secure data concerning the influence of the Hamburg Canal as a factor in the causation of malarial and zymotic diseases, the Board of Health have issued a circular, accompanied with blanks, in which the active co-operation of the profession is desired in sending weekly a record of all cases, occurring within the city limits for the space of two months, from July 15 to September 15. Certain cases are wisely excepted.

We cannot enter into a discussion of the plan adopted by the health authorities, nor do we desire to point out its defects. We take the position that, as conservators of the public health, it is the duty of the medical profession to second every effort made by the legally constituted authorities to improve the sanitary condition of the city. In the present case information is desired, which the profession can, with a small expenditure of time and effort, furnish. Its ulterior object is to add a conclusive argument to the many already adduced, against an evil, the prolonged continuance of which will endanger the lives of our people. Now, whether this is the only or the best manner to secure the end desired to be attained by the Board of Health, we do not stop to question, but as it is sanctioned by lawful authority, it is the plain duty of physicians to give it a willing endorsement. Objections may be raised in obscure and irresponsible sources, but every enlightened physician who labors for the public weal, rather than for private and individual ends, should second the praiseworthy attempt to gather valuable statistics as to the influence of local causes over the type and character of morbid action, especially if by rendering such aid, the public for which the profession stand as sponsors in sanitary matters, will be benefited thereby.

Reviews.

Modern Medical Therapeutics ; a Compendium of Recent Formulæ and Specific Therapeutical Directions from the Practice of Eminent Contemporary Physicians, American and Foreign. By GEO. H. NAPHEYS, A. M., M. D., &c. Seventh Edition, Enlarged and Revised. Philadelphia : D. S. Brinton, 115 South Seventh St. 1880.

This work is well known to nearly every physician. The fact of its having reached the seventh edition is a stronger recommendation than any we could possibly write. That works of this character are many times found to be extremely useful, is undoubtedly true. Whatever may be one's views regarding the thoroughly empirical practitioner,—one who has a large number of set prescriptions with which to battle disease—it cannot be denied that there are few physicians who have not one or more pet formula with which they would be loath to part. This being admitted, it follows that to have easy access to the favorite formulas of eminent medical men, must be considered as a positive advantage. V. P.

A Guide to the Practical Examination of Urine, for the use of Physicians and Students. By JAMES TYSON, M. D , Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania. Third edition, revised and corrected, with illustrations. Philadelphia: Lindsay & Blakiston. 1880.

The practical value of this manual of Dr. Tyson is shown by the rapidity with which new editions of the work have been called for. We are glad to see that the importance of the examination of urine as a means of diagnosis, is becoming better appreciated. The technical difficulties, which for the busy physician the larger treatises rather increase than remove, are in this little book so simplified and explained as to enable the student and practitioner to reach successful results with but little practice. D.

The Utricular Glands of the Uterus and the Glandular Organ of New Formation which is developed during Pregnancy in the Uterus of the Mammalia, including the Human Species. By GIOVANNI BATTISTA ERCOLANI, Permanent Secretary of the Academy of Sciences of Bologna, &c., &c., to which is appended his monograph upon the unity of the anatomical type of the placenta in all the mammalia, and the physiological unity of the nutrition of the foetus in all the Vertebrata. also a general summary and classification, written expressely for this edition. With a quarto atlas of fifteen plates, engraved by Bettini and reproduced by the Heliotype process. Translated from the Italian under the direction of Henry O. Marcy, A. M., M. D. Boston: Houghton, Osgood & Co., The Riverside Press, Cambridge. 1880.

Atlas of Memoir upon the Utricular Glands of the Uterus, &c. &c. Consisting of ten plates, also a monograph upon the Unity of the anatomical type of the Placenta. Consisting of five plates. By Professor G. B. ERCOLANI, of Bologna. Engraved by Bettini and reproduced by the Heliotype process. Boston: Houghton, Osgood & Co., The Riverside Press, Cambridge. 1880.

The above comprehensive title unfolds the objects designed to be accomplished by the author in treating of these important and interesting subjects. The translator states that his task was

" undertaken from the conviction that their publication would be of service to science."

The physiology of reproduction is one of the most interesting problems offered for solution to the scientist. In attempting to unfold the unity of the anatomy of the placenta in the mammalia, and of the nutrition of the embryo in the vertebra, a field of study has been entered upon, which we think will unfold facts of rare interest.

In this brief review we can not do justice to the value of the investigations of Prof. Ercolani. The results here unfolded need careful perusal and study, and if supplemented by experimental examination in the same direction, under the guidance of the facts and principles elucidated by these patient investigations, the student cannot fail to be profited thereby. To those favored with leisure, whose tastes are directed to the channel of physiological study and research, and who, unlike the busy practitioner, seek diversion from pathological and therapeutical labors, in an allied science, there will be found here, a broad scope for study, and a profitable return for research.

The atlas is a beautiful example of the accuracy of the process, by which the glandular structure of the uterus and placenta are brought out. Every tissue is copied, the structure of important organs are illustrated, and parts hitherto " veiled in mystery " are clearly demonstrated.

The typographical execution of the works is in the best style of the Riverside Press, and we especially commend the publishers for their enterprise in affording the profession an opportunity to study the subject which it is the design of these works to elucidate. L.

The Black Arts in Medicine. With anniversary address by JOHN D. JACKSON, A. M., M. D. Edited by L. S. McMURTRY, A. M., M. D. Cincinnati: Robert Clarke & Co. 1880.

Dr. McMurtry has done a good work in reproducing this admirable little essay of Dr. Jackson's, and we wish that the work might be read by every physician. The only individuals who would not enjoy it might be those whose consciences might prick them on its perusal. The picture here so skillfully portrayed of the littleness, scheming and lieing to which some men descend to get a vantage ground in the race for professional success, would be a painful one, if we believed that the knaves in the profession were more than the few. The book is handsomely printed and bound, and will be sent by the publishers by mail on receipt of one dollar. D.

Photographic Illustrations of Skin Diseases. By George Henry Fox, A. M., M. D. Clinical Professor of Dermatology, Sterling Medical College, Columbus, Ohio, &c. Forty-eight colored plates taken from life. New York: E. B. Treat, 805 Broadway. Parts 11 and 12.

Part 11 of this valuable work contains photographic illustrations of Herpes Facialis, Hydroa Bullosum, Erythema circinatum, Erythema exfoliativum, and Purpura Simplex.

Part 12 contains photographic plates, illustrating Cornua Cutanea, Alopecia Areata, Morphœa, Scleroderma and Sarcoma Pigmentosum.

Prof. Fox has fulfilled the assurances given to the profession, when he undertook the work, now successfully completed, and has contributed the most useful and practical work for the study of skin diseases yet offered to the public. The illustrations are accurate, the selections are judiciously made, and the entire work will be of greater assistance to the student or to the general practitioner than any other with which we are acquainted. We are gratified to add that the author intends to issue a companion work entitled "Photographic Illustrations of Cutaneous Syphilis," which will supplement the work which he has just completed. This addition will be a valuable contribution to the study of a class of diseases frequently met within our large centres of population. L.

SEND FOR DESCRIPTIVE CIRCULARS.

SPECIALTIES

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Sanguis Bovinus Exsiccatus.

DEFIBRINATED BULLOCKS' BLOOD (DESICCATED). This article was first introduced by Dr. A. H. Smith, physician to St. Luke's Hospital, New York, and subsequently investigated by F. E. Stewart, Ph.G., M. D., of the same city, who utilized the product by desiccation. Popularily employed as a remedy for consumption, etc., by invalids who drink it at the abattoirs, as it flows from the freshly slaughtered animals.

As a *sustaining* and *supporting* measure it supplies nitrogenous tissue waste, obviates the tendency to death by asthenia, and forestalls a degree of prostration dangerous to life.

As a *restorative* agent, it is indicated in the slow convalescence from fever, in wasting diseases of various forms, consumption and the like, in cachectic states from various constitutional poisons, as syphilis, scrofula, etc., and in all cases where impaired blood, nerves, or digestion, give rise to the anæmic condition, with its resulting general debility, hypochondriasis, or other functional disorder.

As a *curative* agent, in atonic dyspepsia, anæmia, and various derangements of nutrition and secretion.

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(HYDROBBOMIC ETHER)—chemically pure. The new anæsthetic. This article has been used for producing anæsthesia, with very satisfactory results, proving to have very important advantages over chloroform, ether, and other agents heretofore in use. It is powerful, rapid in action, and, in short, it possesses many advantages over the above agents.

Although comparatively a safe anæsthetic, we would still advise care in its use by those unfamiliar with its properties, and will be pleased to furnish circular containing report of case by Dr. J. Marion Sims, in which dangerous effects followed its use.

Jamaica Dogwood.

(PISCIDIA ERYTHRINA). The reports which have already been received of the effects of this drug more than justify our action in placing it before the profession of this country. Making due allowance for the enthusiasm which its action has aroused, we would only say that whereas we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

Manaca.

(FRANCISCEA UNIFLORA). This drug is officinal in both Brazilian Dispensatories in which it is classed among alteratives of the more active and positive kind. So marked is its effecrs in the syphilitic cachexia, that it has been called *mercurio vegetal* by the Brazilians. It is recommended also as an anti-rheumatic, relieving the pain and materially shortening the natural course of the disease.

We ask for it a thorough trial, under the belief that it will prove a valuable addition to the list of remedies commonly employed in rheumatism. It is regarded by the Brazilians as almost a specific in the chronic form of the disease.

Extract Duboisia.

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QUININE

☞ For original articles on the clinical use of Dextro-Quinine during the year 1879, in Remittent, Interittent and Typhoid Fevers, Pertussis, Cholera Infantum, Pneumonia, Periodic Neuralgia, etc., see communiations entitled, "On the use of Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, January 25. Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, April 5th. "A Case of Pneumonia, etc., treated y Dextro-Quinine, etc."—MEDICAL AND SURGICAL REPORTER, December 20th. "Dextro-Quinine as an ntiperiodic."—*Ohio Medical Recorder*, March. "On Dextro-Quinine."—*New Remedies*, March. "Dextro-uinine as an Antiperiodic."—*N. Y. Eclectic Medical Journal*, June. "Dextro-Quinine."—*Cincinnati Lancet nd Clinic*, August. "On the use of Dextro-Quinine."—*Louisville Medical News*, April 5th and May 17th. Dextro-Quinine as an Antiperiodic."—*Medical Brief*, July. "Malarial Fever of the South."—*Southern Medical Record*, August. "Dextro-Quinine in Pertussis."—*Southern Medical Record*, November. "Dextro-uinine."—*Medical Summary*, (two articles), October. "Notes on Hospital and Private Practice."—*Pacific Medical Journal*, October. "Dextro-Quinine."—*Western Lancet* (San Francisco), December.

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FACTS FROM NEW YORK.

58	Hugh Daly.	30	Unknown, had p'roxysms regularly for 2 months.	0	6 grs. in solution every 3 hours. Caused some nausea.	120 gr	Gave *Dextro-Quinine* during a paroxysm. Reported one month after, cured.	These cases were treated by me at the North Western Dispensary and in my private practice. The cases were typical and I considered them a good test for the anti-periodic properties of the drug. and I was not disappointed in the results. As an anti-periodic I believe it to be equal to the Sulphate of Quinine. Yours Truly, J. E. M. LORDLY, M. D.
59	Ann Brey.	55	Unknown, paroxysms regularly for 6 weeks	1	5 grs. in solution every 4 hours.	90 grs.	Had paroxysm on second day after treatment with *Dextro-Quinine* commenced but none after. Reported 3 weeks later as cured.	
60	John Neeman.	13	Chills every second day for 2 weeks.	1, the day of tak'g.	5 grs. in solution every 4 hours.	40 grs.	Did not have a single paroxysm after the first day of treatment. One month later reported cured.	
61	Rich. Buller.	30	3	0	5 grs. in solution every 3 hours.	60 grs.	Had slight headache and vertigo after the second dose. Two weeks after treatment was commenced considered himself cured.	
62	C. Haggerty.	27	Paroxysms regularly for several mo's.	2 both slight.	6 grs. every 4 hours.	120 gr	Had headache and nausea while taking the *Dextro-Quinine*, but no chills after third day of treatment.	
63	E. O'Connor.	28	7	2	5 grs. in solution 3 times a day.	80 grs.	Paroxysm did not recur after taking 20 grains.	
64	E. Wiegle.	28	Paroxysms regularly for several mo's.	2, one day of tak'g.	5 grs. in solution 3 times a day.	120 gr	Had two paroxysms, one on the same day treatment was commenced. Had none after taking it.	
65	Hen. Brill.	31	Both had Intermittent Fever for several months, contracted in Southern States.	2 light.	5 grs. in solution 3 times a day.	80 grs.	After taking grs. 80, considered themselves cured. During past three weeks had no return, but suffered from dyspeptic symptoms, which were relieved by Bismuth and Pepsin.	
66	Mary Brill, wife of above.	26		2 one severe	5 grs. in solution 3 times a day.	80 grs.		
67	Susan McIntyre.	29	Suffering from paroxysms for one month.	1 in 2nd day.	5 grs. in solution every 3 hours.	60 grs.	Continuous headache while taking the *Dextro Quinine*, but no chills after second day. One month after had slight chill not followed by fever.	
68	Michael Fitzpatrick.	24	Paroxysms regularly for several mo's.	2	5 grs. in solution 3 times a day.	90 grs.	Convalescent after taking 80 grs. No return one month later.	
92	Mrs. E. I. P.	24	4	0	4 grs. every four hours. Laid on the tongue and swallowed with water.	36 grs	I found the action of *Dextro-Quinine* to be the same as that of the Sulphate of Quinine. except that it has not in my hands, caused any tinnitus aurium nor irritated the stomach. I gave it in 1 gr. doses to E. D. H. 3 times daily, for general debility with good results.	J. H. Potter, Schroon Lake Essex Co., N. Y.
97	J. H. R.	64	1	0	April 7th—3 gr. doses.	35 grs.	This patient first took Congestive Chills in Westechester Co.. N. Y., and been subject to them for five years.	J. H. Potter, Schroon Lake Essex Co., N. Y.
98	Mrs. M. P.	37	2	0	May 23d—5 gr. doses.	30 grs.	Her chills caused by drinking surface Swamp water She is naturally bilious The *Dextro-Quinine* acted like a charm.	J. H. Potter, Schroon Lake Essex Co., N. Y.
121	Mrs. L.	50 Married	Unknown. Many.	0	Pil. *Dextro-Quinine*, 4 grs. every three hours.	20 grs.	Fully equal to Sulph of Quinia with none of its disagreeable symptoms.	F. Putnam, Locke, N. Y.
162	Mr. Ryder.	22	12 or 15.	0	Four grain doses four times each day in the form of Pills of 2 grs. each.	32 grs.	This was a tertian intermittent, and was promptly cured. There has been no return of chills	S. W. Darrow, East Hamlin, Monr N. Y.

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THE COLLEGIATE YEAR is divided into three Sessions—a preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 15, 1880, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence September 29, 1880, and end about the first of March, 1881.

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In addition to the daily Hospital Clinics, there are eight Clinics each week in the College Building. Five Didactic Lectures will be given daily in the College Building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, &c., Physiology, Surgery, and Obstetrics upon the subjects of the lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations, and the Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the members of the Post-Graduate Faculty.

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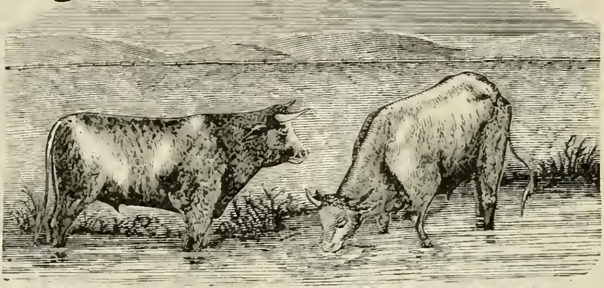

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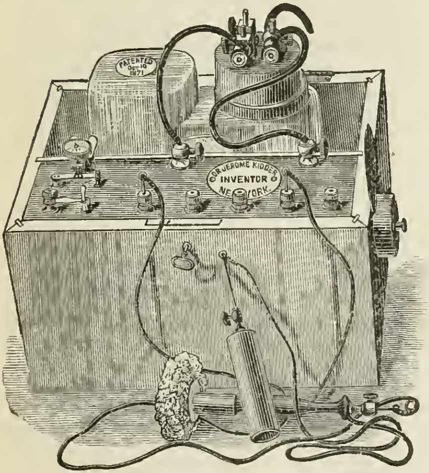
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We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and platable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M. D., *Res. Phys., City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREETT, M. D., *Res. Phys., Maternite Hospital.*

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879

In conditions of Anæmia, in convalescene from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled conditions of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming *a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.*

C. R. J. KELLAM, M. D.

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36 WEYMOUTH ST., PORTLAND PLACE, LONDON,
May 30th, 1879.

I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S., *Sen. Surg., Centl. Throat and Ear Hosp. etc.*

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75 LEVER ST., PICCADILLY, MANCHESTER,
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable

J. SHEPHERD FLETCHER, M. D., M. R. C. S.

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. D., M. R. C. S.

CHEMICAL REPORTS ON MALTINE.

By R. Ogden Doremus, M. D., L.L.D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE;
PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

New York, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where Maltine is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, the concentration of the liquid product by evaporation *in vacuo.* The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

Maltine is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By Prof. John Attfield, F.C.S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN;
AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

London, 17 Bloomsbury Square, W. C.,
October 28th, 1878.

To Messrs. Reed & Carnrick:

Gentlemen—I have analyzed the extract of malted Wheat, malted Oats and malted Barley, which you term Maltine. I have also prepared, myself, some extract from these three malted cereals, and have similarly analyzed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your Maltine belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your Maltine is about ten times as valuable, as a flesh former; from five to ten times as valuable as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley. Yours Faithfully,

JOHN ATTFIELD.

LIST OF MALTINE PREPARATIONS.

MALTINE—Plain.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Cod Liver Oil and Phosphates.
MALTINE with Hops.
MALTINE with Hypophosphites.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phos. Iron, Quinia and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.

Maltine is now in the hands of the Wholesale Trade throughout the United States.

We guarantee that Maltine *will keep perfectly in any climate, or any season of the year.*

Faithfully Yours,

REED & CARNRICK, New York.

ELIXIR

Phosphate Iron, Quinine and Strychnia.

It is many years (quite fifteen) since we asked the attention of Physicians to the above Elixir. It has been very largely prescribed with uniform satisfactory results, confirming our claims for the advantages of administering this deservedly favorite combination in solution over pill form. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians of experience hesitate to prescribe in powder or mass either Quinine or Strychnia, from the want of prompt action, the frequent passing away from the system, undissolved and the occasional cumulative action of the Strychnia. when the pills are long retained. While this is a grave objection often noted in such powerful medicinal agents, it is equally true that solutions of Iron are not only much more efficient, being assimilated and absorbed with little danger of inducing irritation. as is so often the case when given in pills. Using pure alkaloids of Quinia and Strychnia, *the excess of acid* is not required, avoiding in this way the development of the bitter taste, enabling us to prepare the Elixer so that it will be readily taken by children as well as adults We cannot exaggerate the therapeutic advantages of administering this prescription in the form we present it and feel we have a right to ask medical men to direct our manufacture of this preparation, not only because we first prepared it, but from the fact that Physicians can feel every assurance of the care and exactness of its manufacture, and that there is *one grain* of Quinine in each teaspoonful, a strength not possible at the price this Elixir is sold by many manufacturers. We have always carefully avoided exploiting or in any way introducing this or any of our preparations except through Druggists and Physicians

Each fluid drachm contains two grains of Phosphate of Iron, one of Quinine, and one-sixtieth of a grain of Strychnia in simple Elixir flavored with Oil of Orange.

Adult Dose.—One teaspoonful three times a day.

ELIXIR GUARANA.

(PAULLINIA SORBILIS.)

Guarana is used with much benefit in cases of Sick and Nervous Headache, Neuralgia, Diarrhœa, Gastralgia, etc.

The active principle is analagous to Caffein. being found in Paullinia in five times the quantity that it exists in the best Coffee. The tonic influence allied with the stimulating effect renders it an exceedingly valuable medicine.

As its use has proven the entire absence of any irritating properties or any astringent effect in Debility, Languor, Protracted Convalescence and Nervous Irritability, it is specially useful.

The effect is almost immediate in all cases of Headache, from whatever cause it may arise; but it is more especially beneficial in those produced by over excitment to the nervous system.

The usual mode of administration has been in powder; but the Elixir will be found not only more agreeable, but much more efficacious.

Each fluid ounce contains eighty grains Guarana.

For Headache,—dose, a tablespoonful for an adult, to be repeated in an hour, if the first dose does not give relief.

For Diarrhœa,—a dessertspoonful morning and evening.

For Neuralgia, as a General Tonic for Nervousness, Debility, etc.,—adult dose, a dessertspoonful three or four times a day.

Note.—There are many Elixirs of Guarana manufactured of much less strength than that prepared by us. If Physicians will specify our preparation they can rest satisfied they will not be disappointed in the effects we claim.

Physicians will find our preparations in all the Wholesale and leading Retail Stores in the United States and Canada

JOHN WYETH & BROTHER,
CHEMISTS,
PHILADELPHIA.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1880–1881.

The COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session THE REGULAR SESSION will begin on Wednesday, September 15, 1880, and end about the middl of March, 1881. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses o lectures is required for graduation. THE SPRING SESSION consists chiefly of recitations from Tex Books. This Session begins about the middle of March and continues until the middle of June. Durin this Session, daily recitations in all the departments are held by a corps of Examiners appointed by th Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

FACULTY.

ISAAC E. TAYLOR, M. D.
Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the Faculty.

JAMES R. WOOD, M. D. LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D. LL. D.
Prof. of Clinical Midwifery & Diseases of Women

BENJAMIN W. McCREADY, M. D.,
Emeritus Professor of Materia Medica and Therapeutics, and Prof. of Clinical Medicine.

AUSTIN FLINT, M. D.,
Prof. of the Principles and Practice of Medicine, and Clinical Medicine.

W. H. VAN BUREN, M. D., LL. D.,
Prof. of Principles and Practice of Surgery, Dis. of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Prof. of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Prof. of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

A. A. SMITH, M. D.,
Prof. of Materia Medica and Therapeutics, an Clinical Medicine.

AUSTIN FLINT, Jr., M. D.,
Prof. of Physiology and Physiological Anatomy, an Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Prof. of General, Descriptive & Surgical Anatomy

R. OGDEN DOREMUS, M. D., LL. D.,
Prof. of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Prof. of Path. Anatomy and Histology, Diseases o the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D.
Professor of Ophthalmology and Otology.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

EDWARD L. KEYES, M. D.,
Prof. of Dermatology and Adjunct to the Chair of Principles of Surgery.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

JOSEPH W. HOWE, M. D.,
Clinical Professor of Surgery.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct on Orthopedic Surgery.

BEVERLY ROBINSON, M. D.,
Lecturer on Clinical Medicine.

FRANK H. BOSWORTH, M. D.,
Lecturer on Diseases of the Throat.

CHARLES A. DOREMUS, M. D., Ph.D.,
Lecturer on Practical Chemistry and Toxicology and Adjunct to the Chair of Chemistry and Toxicology.

FREDERICK S. DENNIS, M. D., M. R. C. S.,
WILLIAM H. WELCH, M. D.,
Demonstrators of Anatomy.

FACULTY FOR THE SPRING SESSION.

FREDERICK A. CASTLE, M. D.,
Lecturer on Pharmacology.

WILLIAM H. WELCH, M. D.,
Lecturer on Pathological Histology.

CHARLES A. DOREMUS M. D., Ph.D.,
Lecturer on Animal Chemistry.

T. HERRING BURCHARD, M. D.,
Lecturer on Surgical Emergencies.

Lecturer on Normal Histology.

CHARLES S. BULL, M. D.
Lecturer on Ophthalmology and Otology.

THE FEES for the REGULAR SESSION are as follows:—Fees for the first and second year, each $140; Fees for all third-year Students and for all Graduates of other Colleges, $100; Matriculation Fee $5; Dissection Fee (including material for dissection), $10; Graduation Fee, $30, or $10 for each of th three yearly examinations. The following are the FEES for the SPRING SESSION:—Matriculatio (Ticket valid for the following Winter), $5; Recitations, Clinics and Lectures, $35; Dissection (Ticket vali for the following Winter), $10.

Matriculation Examination.—The matriculation examination will consist of English compositio (one foolscap page of original composition upon any subject, in the handwriting of the candidate); Grammar, an examination upon the above-mentioned composition; Arithmetic, including vulgar and decima fractions; Algebra, including simple equations; Geometry, first two books of Euclid. This examinatio will be waived for those who have received the degree of A. B., those who have passed the freshman examination for entrance into any incorporated literary college, those who present certificates of proficienc in the subjects of the matriculation examination from the principal or teachers of any reputable hig school, and those who have passed a matriculation examination at any recognized medical college or at an scientific school or academy in which an examination is required for admission.

☞For the Annual Circular and Catalogue, giving full Regulations for Graduation and other information, address

Prof. AUSTIN FLINT, Jr., Secretary Bellevue Hospital Medical College.

University of Buffalo.

MEDICAL DEPARTMENT.

SESSION OF 1880-81.

The Annual Course of Lectures in this Institution commences on

Wednesday, October, (6th), and continues twenty weeks.

FACULTY.

JAMES P. WHITE, M. D., Professor of Obstectrics and Gynecology.
THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine.
EDWARD M. MOORE, M. D., Professor of the Principles and Practice of Surgery.
WILLIAM H. MASON, M. D., Professor of Physiology and Microscopic Anatomy.
JULIUS F. MINER, M. D., Professor of Special and Clinical Surgery.
E. V. STODDARD, M. D., Professor of Materia Medica and Hygiene.
C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology
CHARLES CARY, M. D., Professor of Anatomy.

WM. C. PHELPS, M. D., Demonstrator of Anatomy

JAMES P. WHITE, M. D., President of the Faculty.
CHARLES CARY, M. D., Secretary of the Faculty.

Clinical advantages are offered, both in general and special Departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of about 200,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor Thomas F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diognosis and treatment is given at the bedside and hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture rooms of the College, under direction of Professor Julius F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopœdy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term.

The course in Physiology, by Professor William H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who are fully abreast with the times and who endeavor to present recent and enlightened views, and to impart thorough, practical imformation in the duties of the Profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations, which are made available in the several departments.

Ample facilities for the practical study of Anatomy are afforded in spacious and well lighted Dissecting Rooms, where abundant material may be had at low rates.

The Demonstrator will be in daily attendance and the Dissecting-rooms will be open during the first ten weeks of the Course.

The fee for the Tickets of all the Professors amounts to $100. Matriculation fee: (annually) $5.00. For those who have attended two courses elsewhere the fee is $50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket $150.00, admitting the owner to as many courses as he wishes to attend.

No hospital fees are required; the Faculty assuming to pay for the admission of all members of the class, without extra charge to them.

Graduation fee $25.00. Graduates of any respectable college, after three years' practice, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is $5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from $4.00 to $6.00 per week.

For further information or circular, address

CHARLES CARY, M. D.,
210 DELAWARE ST.,
Secretary of the Faculty

BUFFALO, March, 1880.

Haas, Nauert & Klein, Engravers and Printers, Buffalo.